

22  
02/07/01

ISSUE SLIP STAPLE AREA (for additional cross references)

BEST AVAILABLE COPY

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 19     | 1/19/01  |
| FORMALITY REVIEW          | T/L      | 553    | 02-07-01 |
| RESPONSE FORMALITY REVIEW | TZ       | 52947  | 03/21/01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 7/22/03 |
| 2        | 2/10/04 |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)